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<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.			
<b>Typed or Printed Name</b>		Susan M. Alessi	
<b>Signature</b>		<i>Susan M. Alessi</i>	<b>Date</b> 12/14/2001

<b>RESPONSE UNDER 37 CFR 1.116</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	<b>Attorney Docket</b>	CELL-014; 122.1
	<b>First Named Inventor</b>	D. Yu
	<b>Application Number</b>	09/392,822
	<b>Filing Date</b>	September 9, 1999
	<b>Group Art Unit</b>	1632
	<b>Examiner Name</b>	P. Brunovskis
	<b>Title:</b> <i>Adenovirus Vectors containing Cell Status-Specific Response Elements and Methods of Use thereof</i>	

Sir:

This amendment is responsive to the Final Office Action dated September 14, 2001 for which a three-month period for response was given making a response due on or before December 14, 2001. Accordingly, the present response is timely filed.

Please make the following changes:

IN THE SPECIFICATION

Page 7, lines 3-5, replace the paragraph with the following rewritten paragraph:

--In another embodiment, the cell status-specific TRE comprises a hypoxia responsive element.--

Delete Figure 2.

Page 22, line 17 to page 23, line 4, replace the paragraph with the following rewritten paragraph:

--Another group of genes which are regulated by cell status are those whose expression is increased in response to hypoxic conditions. Bunn and Poyton (1996) *Physiol. Rev.* 76:839-885; Dachs and Stratford (1996) *Br. J. Cancer* 74:5126-5132; Guillemin and Krasnow (1997) *Cell* 89:9-12. Many tumors have insufficient blood supply, due in part to the fact that tumor cells typically grow faster than the endothelial cells that make up the blood vessels, resulting in areas of hypoxia in the tumor. Folkman (1989) *J. Natl. Cancer Inst.* 82:4-6; and Kallinowski (1996) *The Cancer J.* 9:37-40. An important mediator of hypoxic responses is the transcriptional complex HIF-1, or hypoxia inducible factor-1, which interacts with a hypoxia-responsive element (HRE) in the regulatory regions of several genes, including vascular endothelial growth factor, and several genes encoding glycolytic

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Name (Print/Type)	Susan M. Alessi	Signature	<i>Susan M. Alessi</i>		Date	12-14-2001
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<b>TRANSMITTAL</b>  <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity	Application Number	09/392,822	
	Confirmation Number	1828	
	Filing Date	September 9, 1999	
	First Named Inventor	Yu et al.	
	Examiner	P. Brunovskis	
	Group Art	1632	
	Attorney Docket No.	CELL-014	

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	12	31	0	\$9.00	\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.116	Independent	3	2	0	\$42.00	\$ -
<input checked="" type="checkbox"/> Pages 13	Multiple					
Total Extra Claim Fees						\$ -

☐ Applicants Petition for an Extension of time from \_\_\_\_\_ to \_\_\_\_\_ A    month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)
 

<input type="checkbox"/> Filing Fee	Fee _____
<input type="checkbox"/> Executed Declaration _____ Pages _____	Surcharge Fee _____
<input checked="" type="checkbox"/> Other _____	Fee _____
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Subtotal \$ -	

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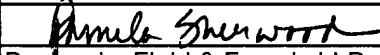
☐ Response to Notice to Comply (with copy of Notice to Comply)
 

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<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
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<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -
Subtotal		\$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees <u>Copies of 2 cited references</u>		Fee
<input type="checkbox"/> Power of Attorney		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p><b>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p>		
<p><b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b></p>		
Name (Print/Type)	Pamela J. Sherwood	Registration No. 36,677
Signature		Date 12-14-2001
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